

FOR INTERNAL USE ONLY
L2 ALJ:
L3 ALJ:
Topic:

**West Virginia
Public Employees Grievance Board
Mediation Agreement Form
Level 2**

DO NOT USE THIS FORM IF YOU INTEND TO USE MEDIATION BY A GRIEVANCE BOARD JUDGE.

Please print. All information is required.

This form must be submitted before private mediation or private arbitration will be permitted.

Grievant's Name	Docket Number
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Private Mediation

 Private Arbitration

Private mediator's/arbitrator's name

Address

City, State and Zip Code:

Telephone number	E-mail address
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Costs of the private mediation or private arbitration will be shared by the parties as specified below (may be a percentage):

Employee pays: \$ _____	Employer pays: \$ _____
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Grievant's signature	Employer's signature
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DOP pays: \$ _____	Intervenor pays: \$ _____
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Director, Division of Personnel (if applicable)	Intervenor (if applicable)
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- As private mediator, I agree to provide a report of the mediation, in writing, to all parties and the Grievance Board, within fifteen days of the proceeding. Additionally, I will provide a Cost Report Form to the Grievance Board.
- As private arbitrator, I agree to issue a decision, in writing, to all parties and the Grievance Board, setting forth findings of fact and conclusions of law on the issues submitted, within 30 days following the arbitration. Additionally, I will provide a Cost Report Form to the Grievance Board.

Mediator's/Arbitrator's signature	Date
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